MARYLAND HEALTH CARE COMMISSION

**Summary of the Healthcare-Associated Infections (HAI)
Advisory Committee Meeting**

February 25, 2009

Committee Members Present
Sara E. Cosgrove, MD, MS (via telephone)
Jacqueline Daley, HBSc, MLT, CIC, CSPDS
Maria E. Eckart, RN, BSN, CIC
Elizabeth P. (Libby) Fuss, RN, MS, CIC
Anthony Harris, MD, MPH (via telephone)
Lynne V. Karanfil, RN, MA, CIC
William Minogue, MD (via telephone)
Carol B. Payne (via telephone)
Eli Perencevich, MD, MS (via telephone)
Brenda Roup, PhD, RN, CIC (via telephone)
Jack Schwartz, Esq.

Committee Members Absent
Beverly Collins, MD, MBA, MS
Steven Goodman, MD, PhD
Andrea Hyatt
Peggy A. Pass, RN, BSN, MS, CIC
Katie Passaretti, MD
Michael Anne Preas, RN, BSN, CIC

Commission Staff
Pam Barclay
Theressa Lee
Deborah Rajca
Eileen Hederman
Deme Umo

1.   **Welcome and Introductions**

        Ms. Pam Barclay, Director, Center for Hospital Services, called the meeting to order at 1:00 p.m
and stated all who were present in person and on the phone.

2.   **Review of Previous Meeting Summary (December 1, 2008)**

        Ms. Daley had a grammatical change to page 3. Staff will make the change.

3.   **Review of Draft 2009 Annual Hospital Survey on Infection Control and Prevention
        Activities**

        Ms. Barclay informed the group that a survey was sent to hospitals in 2007 to gather information
on infection prevention and control operations, staffing, resources, practices and protocols. MHCC
received useful information from the hospitals. Ms. Barclay recommended that the survey become an
annual activity to identify trends over time. She said the first survey could be seen as a pilot and changes
can be made to this next survey.

        Ms. Barclay led a detailed discussion of each of the data items included in the original survey,
reviewed proposed changes and solicited recommendations for improvements to the data collection tool.
Ms. Barclay indicated that the survey would be modified to reflect the proposed changes and prepared for
final presentation and discussion at the March HAI Committee meeting. A list of the committee
recommendations for modifications to the annual survey is attached.

4. Discussion of Phase II Data Collection Work Plan: Surgical Site Infections (SSI)

Ms. Barclay stated the Technical Advisory Committee (TAC) recommended that surgical site infections (SSIs) be reported by hospitals, but the TAC did not specify which SSIs to include. Ms. Barclay reminded the group that this was outcomes data only. Dr. Cosgrove suggested C-sections be considered for inclusion as they have higher rates of associated SSIs than some of the other surgeries. She said it would be difficult to apply because women with post op fevers receive antibiotics and are often automatically diagnosed with endometriosis which may not be what they truly have. According to NHSN definitions, that person would then be counted. The data is readily available for elective C-sections. Ms. Fuss said stratification by scheduled or true emergency would be needed.

Ms. Barclay said hip and knee replacement are higher volume procedures and involve virtually all Maryland hospitals. Coronary artery bypass graft surgery involves ten hospitals, nine of which have significant volume. Ms. Daley asked if the outcomes would be tied to the SCIP reporting. Ms. Barclay said the SCIP measures have been expanded to all surgeries. Ms. Fuss stated that entering data in the NHSN SSI module could be very labor-intensive. We may want to limit the number of procedures for that reason. Ms. Karanfil stated the annual hospital survey would provide useful information from hospitals on the reporting they are currently doing.

Ms. Barclay requested feedback from the committee on which surgeries to focus on. She stated that the initiative will take some time to implement. Hospitals will need to be notified and given the opportunity to provide feedback and comments. The group agreed that the next HAI committee meeting will focus on SSIs. Ms. Barclay stated the data would also need to be risk-adjusted before it is publicly reported. Ms. Fuss proposed that breast surgery be taken off the list as she is unaware of any hospitals looking at that surgery for SSIs. Ms. Karanfil stated there is another layer of work in the NHSN module, which is risk stratification. Ms. Fuss stated she receives risk stratification electronically every month. The staff will review the NHSN SSI module before the next meeting.

5. Other Business

Governor's Health Quality and Cost Council: Activities Related to HAIs

Ms. Barclay reviewed the activities of the Governor's Health Quality and Cost Council related to HAIs including linking hand hygiene efforts with some of the HAI outcome measures.

Status of Surveys on MRSA AST and HCW Influenza Vaccination

Ms. Barclay stated these surveys would be going out to hospitals by the end of the week.

Review of Additional Questions from Hospitals on AST for MRSA in ICUs

Ms. Barclay quickly reviewed the two additional questions from hospitals and received answers from the committee members. This survey will be sent to hospitals by the end of the week also.

6. Adjournment

The meeting adjourned at approximately 3:20 p.m. The next meeting is scheduled for March 25, 2009.

Proposed modifications to 2009 Annual Hospital Survey of ICP Programs

The recommended changes agreed upon by the HAI Advisory Committee at the February 25, 2009 monthly meeting are highlighted below:

- Question 8: Add Patient Safety as a response option.
- Question 9:
    - Add part-time as an option in a drop-down box.
    - Remove Physician from this question.
    - Add MPH or equivalent MA as staff option and Other.
    - Define "Certified."
- Question 10: Agreed to add part-time options in a drop-down box.
- Question 12:
    - Modify to ask how many physician FTEs are provided by hospital? If no FTE, is there a physician who volunteers time to the committee?
    - Second part of question should ask about the physician's background: board-certified in infectious diseases, patient safety, microbiology, or pathology.
    - Delete SHEA/CDC training category.
- Question 13:
    - Add additional response options:
        - IV Therapy
        - Interventions to reduce HAI
        - Product Evaluation
        - Employee Education
        - Infection Control Policy and Procedure Development
        - Infection Risk Assessment
        - Hand hygiene and isolation compliance audit
        - Outbreak Investigation
    - There was a discussion on including a question on percent of effort. NHSN has a survey that asks hospitals for their time spent on surveillance. Ms. Fuss said it can be difficult to determine. Ms. Lee said hospitals would have to confer rights to that information. MHCC may have access and will look at that data before adding another question to the annual survey. Discussion followed regarding how accurate the data would be and its validity.
- Question 15: Add new question about checklist use.
    - Add where checklist used.
    - Delete reference to "Pronovost" as hospitals may have made their own checklists.
    - Change "ICU Checklist" to "Daily Goals."
    - Link back to Joint Commission/IHI Goals and the upcoming mandates.
    - Remove "Pronovost Patient Pain Checklist" as not related to HAIs.
    - MHCC will review the IHI website for guidance on how to refine the question. Recommendations include making the question more general, asking where the checklist is used, ICU versus the rest of the hospital; and whether hospitals are currently using the checklist or are in the process of implementation.
    - There was discussion about whether to add a question asking if the checklist ends up in the permanent record.
- Question 16:
    - Add unit (ICU, non-ICU) and surveillance time.
    - Add additional question on MDRO.

Proposed modifications to 2009 Annual Hospital Survey of ICP Programs (cont'd)

- Question 18:
  - Remove tuberculosis as response category.
  - Remove influenza as response category.
  - Remove *C. difficile* as response category.
  - Remove resistant *Pseudomonas aeruginosa* as response category.
  - Remove resistant *Acinetobacter* species as response category.
  - Add MDR gram negative as response category.
- Question 20- 26: Delete.
- Question 27:
  - Change "agar" to "chromagar"
  - Add routine culture.
- Question 28:
  - Add Contact Precaution question: If you have a patient with a history of MRSA colonization and/or infection are you putting them in Contact Precautions?
  - Do not add rescreen question.
- Question 29: Remove question.
- Question 30: Remove question.
  - Recommend adding question asking what other data is collected (in addition to MHCC mandates) using NHSN.
- Question 31-32: Delete.
- Question 34: Keep but change "attending" to "affiliated."
- Question 35: Delete.
- Question 36: Keep this question.
- Ms. Fuss recommended adding a question asking if hospitals require their employees to receive the flu vaccine or sign a declination.
- Question 37-39: Remove questions.
- Question 40: Remove complete CDC definition and simply ask if the hospitals use the CDC definition of each SSI.
- Question 41-42: Remove questions.
  - Add breast surgery to the list.
  - Add C-section to the list.
  - Add question to determine if hospitals are using NHSN to report SSIs.
  - Add question "Does your hospital send any SSI denominator data electronically to NHSN?"
  - Add question to determine if hospitals are using NHSN to report on VAP bundle.
- Question 44: Remove question.
- Question 45: Keep the question, but remove second question about location.
- Question 46: Remove question.
- Question 48:
  - Keep the question.
  - Change "Setnet" to Safety Surveillor
  - Add Quality Compass as an option
- Question 49-59: Delete.
- Question 60:
  - Keep the question.
  - Add Maryland Patient Safety Center MRSA Collaborative
  - Add Delmarva Community Practice MRSA from CMS 9th SOW
  - Add VHA MRSA Initiative
  - Add Hospital Quality Alliance
  - Remove Volunteer Hospital Association Transformation ICU Project